



OS-18-05

1614

Docket No.: 62276(45579)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Thomas Hogberg et al.

Application No.: 10/510,907

Confirmation No.: 7331

Filed: October 8, 2004

Art Unit: N/A

For: NOVEL METHOZYBENZAMIBE
COMPOUNDS FOR USE IN MCH
RECEPTOR RELATED DISORDERS

Examiner: Not Yet Assigned

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notification of Missing Requirements mailed March 16, 2005, Applicants respectfully submit a Declaration for Patent Application, a Supplemental Application Data Sheet, and a copy of the Notification of Missing Requirements.

Please charge our Deposit Account No. 04-1105 in the amount of \$130.00 covering the fee set forth in 37 CFR 1.16(f), \$950.00 for 19 total claims over 20, and \$360.00 multiple defendant surcharge. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our

05/19/2005 EHAILE1 00000074 041105 10510907

01 FC:1202	950.00 DA
02 FC:1203	360.00 DA
03 FC:1051	130.00 DA

Deposit Account No. 04-1105, under Order No. 62276(45579). A duplicate copy of this paper is enclosed.

Dated: May 16, 2005

Respectfully submitted,

By 
Stephana E. Patton, Ph.D.

Registration No.: 50,373
EDWARDS & ANGELL, LLP
P.O. Box 55874
Boston, Massachusetts 02205
(617) 439-4444
Attorney for Applicants



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ **\$1,440.00**)
Complete if Known

Application Number	10/510,907-Conf. #7331
Filing Date	October 8, 2004
First Named Inventor	Thomas Hogberg
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	62276(45579)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards & Angell, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
	- = 19	x 50	= \$950.00	
				<u>Fee (\$)</u> <u>Fee Paid (\$)</u> \$360.00 \$360.00

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	<u>Fees Paid (\$)</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration

130.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		50,373	(617) 439-4444
Name (Print/Type)	Stephana E. Patton, Ph.D.	Date	May 16, 2005



UNITED STATES PATENT AND TRADEMARK OFFICE

MAY 16 2005
PATENT & TRADEMARK OFFICE
U.S. DEPARTMENT OF COMMERCE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/510,907	Thomas Hogberg	62276(45579)
		INTERNATIONAL APPLICATION NO.
		PCT/DK03/00231
21874 EDWARDS & ANGELL, LLP P.O. BOX 55874 BOSTON, MA 02205		LA. FILING DATE PRIORITY DATE
		04/08/2003 04/09/2002
CONFIRMATION NO. 7331 371 FORMALITIES LETTER		
OC000000015433564		

Date Mailed: 03/16/2005

NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

NOTED ON SYSTEM

- Copy of the International Application filed on 10/08/2004
- Copy of the International Search Report filed on 10/08/2004
- Copy of IPE Report filed on 10/08/2004
- Copy of Annexes to the IPER filed on 10/08/2004
- English Translation of Annexes to the IPE filed on 10/08/2004
- Preliminary Amendments filed on 10/08/2004
- Request for Immediate Examination filed on 10/08/2004
- U.S. Basic National Fees filed on 10/08/2004
- Priority Documents filed on 10/08/2004

Missing Parts
Edwards & Angell LLP

101 Federal St. Boston, MA 02110

Docketed For 5/16/05 - 9/16/05

By Sbelw

Approved

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Additional claim fees of **\$1310** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.
- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.

SUMMARY OF FEES DUE:

Total additional fees required for this application is **\$1310** for a Large Entity:

Additionally the following defects have been observed:

- Annexes have not been entered because they are not a page for page substitution.
- Total additional claim fee(s) for this application is \$ 1310
 - \$950 for 19 total claims over 20.
 - \$360 for multiple dependent claim surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

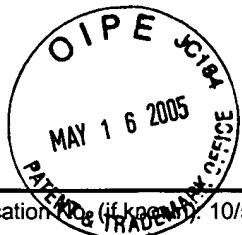
TAMALA D HOLLAND

Telephone: (703) 308-9140 EXT 209

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/510,907	PCT/DK03/00231	62276(45579)

FORM PCT/DO/EO/905 (371 Formalities Notice)



Application No. (if known) 10/510,907

Attorney Docket No.: 62276(45579)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV493499009US in an envelope addressed to:

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on May 16, 2005
Date

Karen Brown

Signature

Karen Brown

Typed or printed name of person signing Certificate

@@@
Registration Number, if applicable

(617) 439-4444
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Supplemental Application Data Sheet (5 pages)
Declaration for Patent Application (5 pages)
Copy of Notification of Missing Requirements (2 pages)
Response to Notification of Missing Requirements (2 pages, in duplicate)
Return receipt postcard
Charge \$130.00 to deposit account 04-1105